

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09106

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC6638417769**

**Entity Name:** PEACE RIVER WILDLIFE CENTER, INC.

**Current Principal Place of Business:**

3400 PONCE DE LEON PKWY  
PUNTA GORDA, FL 33950-6312

**Current Mailing Address:**

3400 PONCE DE LEON PKWY  
PUNTA GORDA, FL 33950-6312 US

**FEI Number:** 59-2535665

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JENKINS, ROBIN  
3400 PONCE DE LEON PKWY  
PUNTA GORDA, FL 33950-6312 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBIN JENKINS

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAMPAGNA, PAT  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title            VP  
Name            KNOY, JIM  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title            TREASURER  
Name            PRIER, ROBERT  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title            OFFICER  
Name            WIDMEYER, STEVE  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title            OFFICER  
Name            YERGER, LARRY  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title            OFFICER  
Name            DAVIS, KAREN JENKINS,  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

Title            OFFICER  
Name            KIMBER, BILL JENKINS,  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

Title            OFFICER  
Name            GLASSMAN, EILEEN JENKINS,  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAT CAMPAGNA

**PRESIDENT**

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date